

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - <u>22094</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>William J Murphy</u>  P.O. Box, Bldg., Room No., if any  Street <u>311 Westridge Drive</u> City <u>O'Fallon</u> State <u>MO</u> ZIP Code + 4 <u>63366</u>	4. Name, file number, and address of labor organization. Name <u>Operating Engineers Local 513</u> Labor Organization File Number <u>039-895</u>  P.O. Box, Building and Room Number, if any  Street <u>3449 Hollenberg Drive</u> City <u>Bridgeton</u> State <u>MO</u> ZIP Code + 4 <u>63044-2466</u>
5. Position in labor organization. <u>Elected Trustee of Operating Engineers Local 513</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.          <u>0</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed William J Murphy

On 8-15-2005 636-240-3372  
Date Telephone Number

Name of Person Filing

William J. Murphy

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name { Eastern Missouri Operating Engineers  
Local 513 Journeyman Apprenticeship  
Training Program  
Trade Name, if any: OE Local 513 Training

P.O. Box, Bldg., Room No., if any

Street 75 Hwy F

City Silex

State MO

ZIP Code + 4 63377-2613

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Multi-employer trust fund that receives contributions on behalf of Local 513 members pursuant to collective bargaining agreements.

11.b. Approximate dollar value of such dealing.

2,321,669

12.a. Nature of interest held or income received.

See attached list.

12.b. Amount.

108,354

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

0

## 2004 LM-30 Reporting for William J. Murphy

<u>ITEM</u>	<u>Description</u>	<u>Amount</u>
1	3/04 Registration for San Diego Safety Conference	250.00
2	4/04 Travel & Lodging for San Diego Safety Conference	1,509.00
3	5/04 Registration & Membership fee for ACTE	63.00
4	7/04 Travel & Lodging for ACTE in Springfield, MO	409.85
5	2004 Wages & Bonuses (same as W-2)	65,874.67
6	2004 Fringe Benefits	40,247.92
	Total for 2004 LM-30 Part 12b	<u>108,354.44</u>

William is a full time instructor for OE Local 513 Training. Items 3 and 4 were required for him to maintain his Missouri Teacher's Certificate and represent his reimbursed expenses. Items 1 and 2 are reimbursed expenses related to the San Diego Safety Conference held everyother year.

William's position as an officer of the Local 513 is an unpaid position.